



North Carolina Department of Health and Human Services

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

3001 Mail Service Center
Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-508-0951
Steven Jordan, Director

Division of Medical Assistance

2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Tel 919-855-4100 • Fax 919-733-6608
Craig L. Gray, MD, MBA, JD, Director

December 6, 2010

MEMORANDUM

TO: Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations

Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Dr. Craig L. Gray
Steven Jordan *SS*

SUBJECT: Implementation Update #83
Peer Support Services Implementation
FAQ on MH/SA TCM
Outpatient Opioid Tx Documentation
Behavioral Health Mobile Crisis Management

VO Request Submission Update
CST, IHH, & DT Claims after 12/31/10
Consumer Transition Update
Protocol for CABHA Personnel Changes

Peer Support Services Implementation

Peer Support Services (PSS) has been approved by the Centers for Medicare and Medicaid Services (CMS). Due to budgetary concerns, PSS will be implemented July 1, 2011. In the interim, the Divisions will develop a plan to facilitate a thoughtful implementation and will involve consumers, providers, advocates and local management entities (LMEs) in the planning process.

Frequently Asked Questions on Mental Health/Substance Abuse Targeted Case Management

The following are frequently asked questions (FAQs) regarding Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM).

Question #1

In cases where a child is located in a residential placement far from the home area, how may we address the monthly face-to-face requirement for MH/SA TCM?

Answer #1

For MH/SA TCM, if the recipient is in a residential facility that is within the state of North Carolina or within 40 miles of the North Carolina border, then the individual has to be seen face to face according to the MH/SA TCM policy. If the recipient is in a residential facility outside a 40-mile radius of the North Carolina border, then the face-to-face requirement may be met via the Telemedicine and Telepsychiatry Policy (Clinical Coverage Policy 1H). The policy section concerning staff able to provide telepsychiatry (Section 6.1 and 6.2) would not apply. It is the responsibility of the Critical Access Behavioral Health Agency (CABHA) to ensure that the requirements of Clinical Coverage Policy 1H are met.

Question #2

Does Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) allow for the face-to-face requirement of MH/SA TCM to be provided less often?

Answer #2

EPSDT is to allow a child to receive medically necessary services that would normally be non-covered. EPSDT is not to help a provider avoid traveling to provide face-to-face services.

Question #3

We need more clarification on the requirement for a comprehensive clinical assessment that documents medical necessity to be completed **prior to** provision of this service. Are we to assume that this pertains to existing Community Support consumers and new consumers?

Answer #3

This pertains to all consumers and a comprehensive clinical assessment must be completed to determine the need for MH/SA TCM or any other service(s).

Question #4

Who is responsible for the Person Centered Plan (PCP) and authorization request for services when a child is in a Level II through IV residential service?

Answer #4

The Level II through IV residential provider is responsible for the development, implementation, and revision of the PCP as well as obtaining authorizations for services when the child is not receiving an enhanced service with a case management function or MH/SA TCM. Please refer to Implementation Update (IU) # 63 for details.

Question #5

Can anyone, including licensed professionals, provide MH/SA TCM?

Answer #5

Licensed staff are among those eligible to provide MH/SA TCM services if they meet all the requirements in Section 6.0 of Clinical Coverage Policy 8L and are employees of a CABHA.

Question #6

Can a licensed clinician providing outpatient treatment in a CABHA also provide MH/SA TCM to the recipients on his or her outpatient treatment caseload?

Answer #6

Yes, if clinically appropriate and medically necessary, the licensed clinician providing outpatient therapy can be the same person providing MH/SA TCM. However, it is necessary that the clinician ensure the separation and division of roles, documentation, and billing of these two services.

Question #7

For MH/SA TCM, what documentation would demonstrate that a staff person had been providing case management services?

Answer # 7

As with any other service, it is necessary to document previous experience. Documentation in this case could be transcripts, resumes, job applications, training certificates, and former job descriptions (if available).

Question # 8

Does the PCP training received by psychosocial rehabilitation or child residential treatment Level II-IV staff qualify the individual as “current staff providing case management functions” (see Section 6.3 in Clinical Coverage Policy 8L) and therefore able to bill MH/SA TCM immediately?

Answer # 8

No, the roles of these staff are not consistent with all four functions of MH/SA TCM (case management assessment, person centered planning, referral/linkage, and monitoring/follow-up) and therefore would not meet the criteria of an individual who had previously provided case management services. These staff would be considered new staff because PCP planning is only one of the four functions for the provision of MH/SA TCM services. These new staff would need to receive the MH/SA TCM training prior to billing MH/SA TCM. However, training completed by these individuals on Person Centered Thinking and Person Centered Planning Instructional Elements would contribute toward meeting some of the requirements for MH/SA TCM in a CABHA.

Question #9

Are applications for MH/SA TCM automatically given an enrollment date of August 1, 2010?

Answer # 9

Providers may choose the effective date of their MH/SA TCM Medicaid Provider Number (MPN). This date is honored as long as it is within 365 days of the date of receipt of the application and if the provider is certified as a CABHA as of that date. If no effective date is indicated on the application, the date of receipt of the application becomes the enrollment date.

Clarification of Documentation Requirements for Outpatient Opioid Treatment

For persons in Outpatient Opioid Treatment receiving *only* medication administration on any date of service, the documentation requirement has been a full service note. Effective December 1, 2010, the required documentation for persons receiving *only* medication administration will be a completed Medication Administration Record. The following replaces the documentation requirements for Opioid Treatment Services.

Outpatient Opioid Treatment Documentation Requirements

A Medication Administration Record (MAR) shall be utilized to document each administration or dispensing of methadone. In addition, a modified service note shall be written at least weekly, or per date of service if the recipient receives the service less frequently than weekly.

NOTE: A modified service note is required for any and all significant events, changes in status, or situations outside the scope of medication administration.

A documented discharge plan shall be discussed with the recipient and included in the service record. In addition, a completed LME Consumer Admission and Discharge Form shall be submitted to the LME.

Refer to Division of Medical Assistance (DMA) Clinical Coverage Policy 8A and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services’ (DMH/DD/SAS) Records Management and Documentation Manual for a complete listing of documentation requirements. DMA Clinical Coverage Policy 8A will be updated to reflect this policy change.

Behavioral Health Mobile Crisis Management

Through correspondence with providers, DMA has been able to identify and remedy an error in the data payment system for procedure code H2011, Mobile Crisis Management. Since September 1, 2008 an audit was in place which denied payment of this service on the same date as inpatient treatment in an Institution of Mental Disease (IMD) resulting in an EOB **9080 which reads, “enhanced benefit service not allowed on the same day as inpatient.”** These claims may now be resubmitted for reimbursement.

For claims that subsequently deny based upon EOB **0018 which reads, “Claim denied. No history to justify time limit override,”** the provider may follow the direction provided in IU #55 for Time Limit Override. The **Medicaid Resolution Inquiry Form** is used to submit these claims for Time Limit Overrides. The instructions for completing the Medicaid Resolution Inquiry Form can be found in the Basic Medicaid Billing Guide at <http://www.ncdhhs.gov/dma/basicmed/> in Section Eight – *Resolving Denied Claims*.

For questions please contact Behavioral Health Clinical Policy at (919) 855-4290.

ValueOptions Request Submission Update

The ValueOptions ProviderConnect online provider portal remains the preferred method for submitting service requests. Online submission reduces errors and returns, speeds approval time, and provides immediate confirmation of receipt. Scroll to *Provider Training Opportunities* at valueoptions.com/providers/Network/North_Carolina_Medicaid.htm for training on ProviderConnect request submission.

For providers who still submit requests via fax, IU #72 advised providers of ValueOptions’ new toll-free fax numbers. Note that the grace period for the old fax numbers will end in late December. The 25% of fax users still using the old numbers should switch immediately to the new fax numbers.

	Fax numbers prior to 6/1/10	Fax numbers effective 6/1/10
Mental Health/Substance Abuse (MH/SA)	919-461-0599	877-339-8753
Developmental Disabilities (DD)	919-461-0669	877-339-8754
Residential (Program & Family Type) and Retro Review	919-461-0679	877-339-8757
Health Choice	919-379-9035	877-339-8758

Community Support Team, Intensive In-Home, Child and Adolescent Day Treatment Claims after December 31, 2010

This is a reminder that only certified CABHAs may deliver Community Support Team (CST), Intensive In-home Services (IIH) and Child and Adolescent Day Treatment Services (DT) effective January 1, 2011. On and after that date, only CABHAs are authorized under the N.C. State Plan for Medical Assistance to be reimbursed for the provision of CST, IIH and DT. Any claims submitted for these services under National Provider Identifiers (NPIs) associated with Community Intervention Service Agency (CISA) MPNs will be denied as of January 1, 2011. Therefore, it is very important that CABHAs complete the enrollment process and get a CABHA billing MPN as soon as possible. Please see complete CABHA billing guidelines in IU #73.

CABHAs are encouraged to review the CABHA Enrollment/Authorization/Billing Training Packet for detailed information on how to complete the enrollment application and who to contact for assistance. The training packet can be found at <http://www.ncdhhs.gov/dma/cabha/CABHAPresentation082010.pdf>. CABHAs are also encouraged to review CABHA FAQs, found at <http://www.ncdhhs.gov/dma/services/cabha.htm>.

Consumer Transition Update

Provider agencies required to transition consumers to a certified CABHA should already have submitted their transition plans to the appropriate LME. The LME should have reviewed, approved, or revised submitted plans. Consumers identified as needing to continue to receive Intensive In-Home, Community Support Team, Day Treatment, or case management services should be in the process of being transitioned to a CABHA. In some cases, agencies transitioning consumers have submitted requests for concurrent authorizations that go beyond

the date for transition of those consumers. As ValueOptions does not have the capability of monitoring and matching the concurrent authorizations requested with the transition dates for the agency making the request, it is incumbent upon the LME to monitor the accepted/imposed transition plans and ensure that consumers are indeed being transitioned per those plans. The fact that an authorization may have been made that goes beyond the date of transition does not in any way sanction the continuance of that service by the agency past the point of the agreed upon transition dates. Agencies may not “re-open” their services to continue consumer care based on a concurrent authorization that goes beyond the transition date.

Protocol for Critical Access Behavioral Health Agency Personnel Changes

The process for personnel changes for the Medical Director, Clinical Director, or Quality Management (QM)/Training Director for agencies pursuing or who have achieved certification as a CABHA are as follows.

Agencies Pursuing CABHA Certification

If a CABHA provider applicant has a key staff change (Medical Director, Clinical Director, QM/Training Director) the provider must resubmit the complete attestation letter packet with all the required supporting documents per IU #75 (including the content form, attestation letter and all documents to match the content form). This resubmission due to a change in a key staff position will count as one of the three submissions for the desk review. Attestations with updated staff information will be processed in the order that they are received. If a provider has met the desk review requirements and is in the interview or verification phase, the review process will be stopped until the staff changes are reviewed and approved.

When a provider has changed any of the three key personnel qualified to fill the vacant position, documentation outlined in IU #75 should be submitted to the DMH/DD/SAS LME Team. Upon receipt of the revised attestation packet per IU #75, the documents for the newly hired staff associated with the position change will be reviewed by the DMH/DD/SAS LME Team. The review of the information submitted will be conducted utilizing the desk review process for these positions. The provider will be notified regarding the approval status of the individual in the position. If the individual does not meet the requirements per IU #71, the provider will not move to the next phase of the review until information for a different hire is submitted and approved. If the individual meets the requirements per IU #75, the provider will move to the next phase of the review process as long as the desk review is determined to meet all the requirements.

Certified Agencies Staff Changes

When a provider's Medical Director or Clinical Director changes, the provider must notify the DMH/DD/SAS Director or designee in writing of the vacancy within ten business days of said vacancy. Failure to notify DMH/DD/SAS within ten business days of a Medical Director or Clinical Director vacancy shall result in termination of CABHA certification. Notification must be made by email and include the provider name, position vacancy and date of vacancy.

Please see the CABHA policy (<http://www.ncdhhs.gov/mhddsas/cabha/lme-101-10-15-10.pdf>) for specific timeframes for filling the positions of Medical Director and Clinical Director. If the required information is not received by DMH/DD/SAS within the designated timeframes the certification will be suspended until the appropriate documents are submitted and the individual is approved per the requirements noted in IU #71. Exceeding these time frames shall result in termination of CABHA certification.

When a provider has employed personnel qualified to fill the vacant position, the documentation outlined below should be submitted to the DMH/DD/SAS LME Team within ten days of the employment date of the individual. Upon receipt of the appropriate supporting documents for the newly hired staff associated with the position change, the DMH/DD/SAS LME Team will review the information submitted (utilizing the desk review process for these positions) and will notify the provider regarding the approval status of the individual in the position. If the individual does not meet the requirements per IU #71, the provider may resubmit information for a different hire if still within the allotted timeframes or will be de-certified if a different hire is not presented. If the individual meets the requirements per IU #71, the individual will be approved and the CABHA certification will remain active.

The following documents must be submitted within the specified timeframe for each position listed below.

Medical Director

1. Copy of Medical Director license and resume
2. Copy of signed job description for Medical Director, addressing the elements noted in IU #71
3. Number of hours the Medical Director works per week
4. Indicate if Medical Director is an employee or independent contractor

Medical Director Exception

1. Name, address and telephone number of the person making the request
2. Name, address and telephone number of the provider for which the exception is requested
3. A statement of the facts including:
 - a. The reason for the request
 - b. The reason why the Medical Director position cannot be filled by a board certified/eligible psychiatrist or physician.
 - c. The name and curriculum vitae of the physician (MD or DO) licensed in NC who is board certified/eligible in General Family Practice, Internal Medicine or Pediatrics for the Medical Director position.
 - d. The reasons why the physician (MD or DO) licensed in NC who is board certified/eligible in General Family Practice, Internal Medicine or Pediatrics is eligible and qualified to fill the Medical Director position.

Clinical Director

1. Copy of Clinical Director license and resume
2. Copy of signed job description for the Clinical Director, addressing the elements noted in IU #71

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

cc:	Secretary Lanier M. Cansler	Lisa Hollowell
	Michael Watson	Shawn Parker
	Beth Melcher	Melanie Bush
	DMH/DD/SAS Executive Leadership Team	Pam Kilpatrick
	DMA Deputy and Assistant Directors	John Dervin
	Jim Slate	Lee Dixon
	Sharnese Ransome	